

L16000194932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

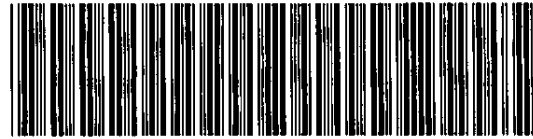
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291823590

11/02/16--01011--018 **60.00

FILED
16 NOV - 2 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 03 2016

Y CULKER

Arland Car Wash LLC

1628 Purple Martin Way

Knoxville, TN 37922

Phone. 865.607.1167

E-mail. arlandcarwash@yahoo.com



To Whom It May Concern:

Florida Department of State
Division of Corporations

My company, Arland Car Wash LLC, filed Articles of Organization on October 17, 2016. However, when I researched my organization online, I noticed that my name was put in wrong. The correct name is Horobet, Arcip. I have sent an amendment for the name and a check for the filing fee, however the mistake was not on my part so I would rather not pay a second filing fee since it was a filing mistake at the Division of Corporations. I would appreciate it if someone could contact me regarding this second filing fee.

Thank you,

A handwritten signature in black ink, appearing to read "Arcip Horobet".

Arcip Horobet
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arland Car Wash LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arcip Horobet

Name of Person

Arland Car Wash LLC

Firm/Company

1628 Purple Martin Way

Address

Knoxville, TN 37922

City/State and Zip Code

arlandcarwash@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arcip Horobet

865 607-1167

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Arland Car Wash LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/17/2016 and assigned
Florida document number L16000194932.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager.

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|------------------------|--|
| MGR | Arcip Horobet | 1628 Purple Martin Way | <input type="checkbox"/> Add |
| | | Knoxville, TN 37922 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Carmen Horobet | 1628 Purple Martin Way | <input type="checkbox"/> Add |
| | | Knoxville, TN 37922 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
16 NOV -2 PM 4:42
TAMPA
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

702
30

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 45 CFR 2.207(a)(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October 27 2016

Nov 1971

Signature of a member or authorized representative of a member

Arcip Horobet

Typed or printed name of signee

RECEIVED
FALLAHASSEE, FLORIDA
16 NOV -22 PM 4:48
15-02072-3(b)
not to be released to the
e. J. Her